

FISCAL NOTE

HB 2894 - SB 2941

March 2, 2002

SUMMARY OF BILL: Under present law, there are requirements to ensure all health care providers receive timely payment from HMOs for services provided to TennCare enrollees. This bill specifies that days means calendar days in requirements for prompt payment dispute resolution. Requires HMOs to make capitated payments by the 10th day of each month unless specified otherwise by contract. Makes capitated payments subject to independent review. Requires a provider requesting an independent review to provide any information requested by the Department of Commerce and Insurance. The bill also shortens some time frames in the independent review process. This bill would specify that claims payment disputes involved in litigation or arbitration would not be eligible for independent review. The TennCare Bureau may prevent a provider from utilizing the independent review if the provider fails to make reimbursement for any denied appeals as required by present law. Makes all TennCare claims processed by a subcontractor subject to all of the prompt payment requirements and independent review requirements.

ESTIMATED FISCAL IMPACT:

MINIMAL

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.



James A. Davenport, Executive Director

HB 2894 - SB 2941